


**FILED**  
**May 27, 1999 8:00 am**  
**Secretary of State**

05-27-1999 90004 035 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N98000000853</b>			
1. Corporation Name <b>GULF COAST AREA REPEATER CLUB, INC.</b>			
Principal Place of Business PO BOX 839 FORT MYERS FL 33902		Mailing Address PO BOX 839 FORT MYERS FL 33902	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified <b>02/12/1998</b>		4. FEI Number <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>GRANT, GEORGIA</b> <b>871 DEEP LAGOON LANE</b> <b>FORT MYERS FL 33919</b>		10. Name and Address of New Registered Agent 81 Name <b>SUNDSTROM, FRED</b> 82 Street Address (P.O. Box Numbers Not Acceptable) <b>2826 CLOISTER ST.</b> 83 84 City <b>NO. FT. MYERS,</b> <b>FL</b> 85 Zip Code <b>33917</b>	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE <i>Fred Sundstrom</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>May 25, 1999</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>T</b> <input checked="" type="checkbox"/> DELETE NAME <b>GRANT, GEORGIA</b> STREET ADDRESS <b>871 DEEP LAGOON LANE</b> CITY-ST-ZIP <b>FOT MYERS FL 33919</b>	1.1 TITLE <b>TREASURER DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>IMHOFF, HAROLD</b> 1.3 STREET ADDRESS <b>2828 JACKSON STREET, H1</b> 1.4 CITY-ST-ZIP <b>FORT MYERS, FL 33901</b>		
TITLE <b>PRESIDENT DIRECTOR</b> <input type="checkbox"/> DELETE NAME <b>MAIER, RICHARD</b> STREET ADDRESS <b>5273 FLAMINGO DRIVE</b> CITY-ST-ZIP <b>ST JAMES CITY FL 33956</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <b>VICE - PRESIDENT DIRECTOR</b> <input type="checkbox"/> DELETE NAME <b>HELMERS, KENNETH</b> STREET ADDRESS <b>26355 BRIDGEWATER ROAD</b> CITY-ST-ZIP <b>PUNTA GORDA, FL 33983</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <b>SECRETARY DIRECTOR</b> <input type="checkbox"/> DELETE NAME <b>SUNDSTROM, FRED</b> STREET ADDRESS <b>2826 CLOISTER STREET</b> CITY-ST-ZIP <b>NO. FORT MYERS, FL 33917</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fred Sundstrom* **FRED SUNDSTROM** **May 25, 1999** **731-0233**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)